PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number
71580 | USO 2

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY		05	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS					· Column 21		1			0F. 1		
101/1202			67					RATE	FEE	┨	RATE	FEE ·
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			67 minus 20=		47			XS 9=		OR	XS18=	•
INDEPENDENT CLAIMS			フmi	nus 3 =	4			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT]	+145=		OR	÷290=	
• If the difference in column 1 is less than zero, en					"0" in 0	column 2		TOTAL		OR	TOTAL	1960
						(Column 3)	_	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A-		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 37	Minus	-67	<u> 7. </u>	=	M	XS 9=		OR	XS18=	
	Independent	. 5	Minus	/	7	-		X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
•								TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											AUDII. FEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	1 [XS 9=		OR	XS18=	
	Independent	•	Minus	***		=	1 t	X43=			X86=	
A	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM]			OR	7.00-	
	•						L	+145= TOTAL		OR	+290≃	
ADI										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent		Minus	***	· .	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r foun	d in the app	ropriate box	in coli	umn 1.	